



## Supplemental Application Data Sheet

### Application Information

|                                 |                         |                   |
|---------------------------------|-------------------------|-------------------|
| Application number::            | Not Yet Assigned        | <u>10/732,897</u> |
| Filing Date::                   | Herewith                | <u>12/09/03</u>   |
| Application Type::              | Regular                 |                   |
| Subject Matter::                | Utility                 |                   |
| Suggested classification::      |                         |                   |
| Suggested Group Art Unit::      |                         |                   |
| CD-ROM or CD-R??::              |                         |                   |
| Number of CD disks::            |                         |                   |
| Number of copies of CDs::       |                         |                   |
| Sequence Submission::           |                         |                   |
| Computer Readable Form (CRF)?:: |                         |                   |
| Number of copies of CRF::       |                         |                   |
| Title::                         | SUBSTITUTED PIPERAZINES |                   |
| Attorney Docket Number::        | 019934-003720US         |                   |
| Request for Early Publication:: | No                      |                   |
| Request for Non-Publication::   | No                      |                   |
| Suggested Drawing Figure::      |                         |                   |
| Total Drawing Sheets::          | 26                      |                   |
| Small Entity?::                 | Yes                     |                   |
| Latin name::                    |                         |                   |
| Variety denomination name::     |                         |                   |
| Petition included?::            | No                      |                   |
| Petition Type::                 |                         |                   |
| Licensed US Govt. Agency::      |                         |                   |
| Contract or Grant Numbers One:: |                         |                   |
| Secrecy Order in Parent Appl.:: | No                      |                   |

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United Kingdom  
Status:: Full Capacity  
Given Name:: Andrew  
Middle Name:: M.K.  
Family Name:: Pennell  
Name Suffix::  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 148 Hancock Street  
City of Mailing Address:: San Francisco  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94114

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: James  
Middle Name:: B.  
Family Name:: Aggen  
Name Suffix::  
City of Residence:: Burlingame  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1311 California Drive  
City of Mailing Address:: Burlingame  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94010

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Australia  
Status:: Full Capacity  
Given Name:: J.J.  
Middle Name:: Kim  
Family Name:: Wright  
Name Suffix::  
City of Residence:: Redwood City  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 720 Bair Road, Apt. 107  
City of Mailing Address:: Redwood City  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94063

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: India  
Status:: Full Capacity  
Given Name:: Subhabrata  
Middle Name::  
Family Name:: Sen  
Name Suffix::  
City of Residence:: Sunnyvale  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 655 S. Fair Oaks Avenue, #P-204  
City of Mailing Address:: Sunnyvale  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94086

|   |                  |              |
|---|------------------|--------------|
| Applicant Authority Type::              | Inventor         |              |
| Primary Citizenship Country::           | US               |              |
| Status::                                | Full Capacity    |              |
| Given Name::                            | Brian            |              |
| Middle Name::                           | E.               |              |
| Family Name::                           | McMaster         |              |
| Name Suffix::                           |                  |              |
| City of Residence::                     | Mountain View    |              |
| State or Province of Residence::        | CA               |              |
| Country of Residence::                  | US               |              |
| Street of Mailing Address::             | 120 Walker Drive |              |
| City of Mailing Address::               | Mountain View    |              |
| State or Province of mailing address::  | CA               |              |
| Country of mailing address::            | US               |              |
| Postal or Zip Code of mailing address:: | 94086            | <u>94043</u> |

|   |                      |
|---|----------------------|
| Applicant Authority Type::              | Inventor             |
| Primary Citizenship Country::           | US                   |
| Status::                                | Full Capacity        |
| Given Name::                            | Daniel               |
| Middle Name::                           | Joseph               |
| Family Name::                           | Dairaghi             |
| Name Suffix::                           |                      |
| City of Residence::                     | Palo Alto            |
| State or Province of Residence::        | CA                   |
| Country of Residence::                  | US                   |
| Street of Mailing Address::             | 178 El Dorado Avenue |
| City of Mailing Address::               | Palo Alto            |
| State or Province of mailing address::  | CA                   |
| Country of mailing address::            | US                   |
| Postal or Zip Code of mailing address:: | 94306                |

Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: US  
 Status:: Full Capacity  
 Given Name:: Valeri  
 Middle Name:: V.  
 Family Name:: Martichonok  
 Name Suffix::  
 City of Residence:: San Francisco  
 State or Province of Residence:: CA  
 Country of Residence:: US  
 Street of Mailing Address:: 433 Font Boulevard  
 City of Mailing Address:: San Francisco  
 State or Province of mailing address:: CA  
 Country of mailing address:: US  
 Postal or Zip Code of mailing address:: 94132

#### **Correspondence Information**

Correspondence Customer Number:: 20350

#### **Representative Information**

| Representative Designation:: | Representative Number:: | Representative Name:: |
|------------------------------|-------------------------|-----------------------|
| Primary                      | 30,223                  | William M. Smith      |
| Primary                      | 37,369                  | William B. Kezer      |

#### **Domestic Priority Information**

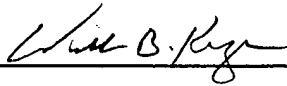
| Application::          | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------------|-------------------|----------------------|----------------------|
| This application is a: | CIP of:           | 10/460,752           | 06/11/03             |
| and claims benefit of: | Provisional       | 60/453,711           | 06/12/02             |

#### **Assignee Information**

Assignee Name:: ChemoCentryx, Inc.  
 Street of mailing address:: 1539 Industrial Road  
 City of mailing address:: San Carlos  
 State or Province of mailing address:: CA

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94070

Submitted by:

|              |   |                     |         |
|--------------|---|---------------------|---------|
| Signature    |  | Date                | 4-23-08 |
| Printed Name | William B. Kezer  | Registration Number | 37,369  |

60189250 v1